

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000004875 (7)**  
1. Corporation Name  
**INFORMATION DECISIONS, INC.**



Principal Place of Business <b>3260 EAGLE PARK DR NE GRAND RAPIDS MI 49525</b>	Mailing Address <b>3260 EAGLE PARK DR NE GRAND RAPIDS MI 49525</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4695 44<sup>th</sup> Street</b> Suite, Apt. #, etc. 22 <b>SUITE B-130</b> City & State 23 <b>GRAND RAPIDS MI</b> Zip 24 <b>49512</b> Country 25	2a. Mailing Address 26 <b>4695 44<sup>th</sup> Street</b> Suite, Apt. #, etc. 27 <b>Suite B-130</b> City & State 28 <b>Grand Rapids MI</b> Zip 29 <b>49512</b> Country 30
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3. Date Incorporated or Qualified <b>09/18/1997</b>	4. FEI Number <b>38-2902506</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**DUMONT, ANDREW  
7616 SOUTHLAND BLVD, SUITE 105B  
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SWEETLAND, MARK</b>	
STREET ADDRESS	<b>3260 EAGLE PARK DR NE</b>	
CITY-ST-ZIP	<b>GRAND RAPIDS MI 49525</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>WEATHERFORD, TIM</b>	
STREET ADDRESS	<b>6666 E. 75TH ST, SUITE 110</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46250</b>	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	<b>MULLANEY, JOSEPH P</b>	
STREET ADDRESS	<b>3260 EAGLE PARK DR NE</b>	
CITY-ST-ZIP	<b>GRAND RAPIDS MI 49525</b>	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	<b>MULLANEY, JOSEPH P</b>	
STREET ADDRESS	<b>3260 EAGLE PARK DR NE</b>	
CITY-ST-ZIP	<b>GRAND RAPIDS MI 49525</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BRISTOL, ANDY</b>	
STREET ADDRESS	<b>6666 E. 75TH ST, SUITE 110</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46250</b>	
TITLE	CAS	<input type="checkbox"/> DELETE
NAME	<b>YANSAK, JAN</b>	
STREET ADDRESS	<b>3260 EAGLE PARK DR NE</b>	
CITY-ST-ZIP	<b>GRAND RAPIDS MI 49525</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **4/28/98** **1116073330**

CR2E034 (10/97)